

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2005

Open to Public
Inspection

A For the 2005 calendar year, or tax year beginning

, and ending

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

CANCER FUND OF AMERICA, INC.

Number and street (or P O box if mail is not delivered to street address)

2901 BREEZEWOOD LANE

Room/suite

City or town, state or country, and ZIP + 4

KNOXVILLE

TN 37921-1099

D Employer identification no.

58-1766061

E Telephone number

865-938-5281

F Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list See instr)

H(d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number

M Check ☐ if the organization is not required
to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.CFOA.ORG

J Organization type

(check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS, but if the organization chooses to file a return, be
sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 17,888,957

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ 11,151,834 noncash \$ 6,471,610)

2 Program service revenue including government fees and contracts (from Part VII, line 93)

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6a Gross rents

b Less rental expenses

c Net rental income or (loss) (subtract line 6b from line 6a)

7 Other investment income (describe SEE STATEMENT 1)

8a Gross amount from sales of assets other
than inventory

b Less cost or other basis and sales expenses

c Gain or (loss) (attach schedule)

d Net gain or (loss) (combine line 8c, columns (A) and (B))

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ of
contributions reported on line 1a)

b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events (subtract line 9b from line 9a)

10a Gross sales of inventory, less returns and allowances

b Less cost of goods sold

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

11 Other revenue (from Part VII, line 103)

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses (add lines 16 and 44, column (A))

18 Excess or (deficit) for the year (subtract line 17 from line 12)

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

1a 17,023,444
1b 600,000
1c

1d 17,623,444

2

3

4 23,173

5

6a
6b

6c

7 40,451

(A) Securities (B) Other
8a 36,281
8b 36,963
8c -682

SEE STMT 2

8d -682

9a
9b

9c

10a
10b

10c

11 165,608

12 17,851,994

13 7,467,343

14 836,792

15 10,300,411

16

17 18,604,546

18 -752,552

19 3,110,004

20

21 2,357,452

12

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) STMT 3 <input type="checkbox"/>	23	4,700,009	4,700,009	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	336,623	237,635	79,738
26	Other salaries and wages	26	733,827	681,724	52,103
27	Pension plan contributions	27	31,906		31,906
28	Other employee benefits	28	261,885	243,024	18,861
29	Payroll taxes	29	110,708	87,792	12,930
30	Professional fundraising fees	30	9,109,644		9,109,644
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	44,109	24,368	7,677
34	Telephone	34	49,513	27,237	8,663
35	Postage and shipping	35	1,107,741	691,663	104,739
36	Occupancy	36	23,274	12,801	4,073
37	Equipment rental and maintenance	37	127	70	22
38	Printing and publications	38	391,464	156,708	62,915
39	Travel	39			
40	Conferences, conventions, and meetings	40	107,152	58,933	18,752
41	Interest	41	43,367	23,852	7,589
42	Depreciation, depletion, etc. (attach schedule)	42	116,871	64,279	20,452
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 4	43a	1,436,326	457,248	477,336
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	18,604,546	7,467,343	836,792
					10,300,411

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

- a PATIENT SERVICES - FINANCIAL AND OTHER ASSISTANCE TO CANCER PATIENTS AND THEIR CAREGIVERS

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

5,301,813

- b COMMUNITY SERVICES - FINANCIAL AND OTHER ASSISTANCE TO COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES TO ILL AND NEEDY INDIVIDUALS

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

1,717,489

- c PUBLIC HEALTH EDUCATION - DISTRIBUTION OF EDUCATIONAL MATERIALS VIA DIRECT MAIL AND PERSONAL VOLUNTEERS

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

448,041

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

- e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

- f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

7,467,343

Form **990** (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	388,656	45	118,938
46	Savings and temporary cash investments		46	35,886
47a	Accounts receivable	47a		
b	Less allowance for doubtful accounts	47b	47c	
48a	Pledges receivable	228,423		
b	Less allowance for doubtful accounts	48b	48c	228,423
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule) SEE WORKSHEET	431,250	50	461,536
51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	21,107		
b	Less allowance for doubtful accounts	51b	51c	21,107
52	Inventories for sale or use	2,325,757	52	1,636,033
53	Prepaid expenses and deferred charges		53	
54	Investments-securities		54	
▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV				
55a	Investments-land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b	55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	1,551,836		
b	Less accumulated depreciation (attach schedule) SEE STATEMENT 6	57b	57c	999,134
58	Other assets (describe ▶ SEE STATEMENT 7)	192,549	58	694,538
59	Total assets (must equal line 74) Add lines 45 through 58	5,235,354	59	4,195,595
60	Accounts payable and accrued expenses	1,254,332	60	1,215,299
61	Grants payable	127,500	61	90,000
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	743,518	64b	532,844
65	Other liabilities (describe ▶)		65	
66	Total liabilities. Add lines 60 through 65	2,125,350	66	1,838,143
Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	3,110,004	67	2,357,452
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,110,004	73	2,357,452
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	5,235,354	74	4,195,595

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	17,851,994
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	17,851,994
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	17,851,994

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	18,604,546
b	Amounts included on line a but not Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	18,604,546
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	18,604,546

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employeea benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES REYNOLDS 2901 BREEZEWOOD KNOXVILLE TN 37921	PRESIDENT 40	192,500	26,420	0
ROSE PERKINS 7523 E. KAEI CIRCLE MESA AZ 85207	VICE PRES 40	50,623	2,269	0
KYLE EFFLER 2901 BREEZEWOOD KNOXVILLE TN 37921	CFO 40	93,500	13,692	0
CAROL CRUZE 5500 JONES RD KNOXVILLE TN 37918	CHAIRMAN 1	0	0	0
LOIS WELCH 7919 QUAIL RUN DR KNOXVILLE TN 37928	CHAIRMAN 1	0	0	0
MARIA SNIDER 1212 BOXWOOD DR APOPKA FL 32703	SECRETARY 1	0	0	0
JESS GROESBECK 1418 EAST BLACKB MT VERNON WA 98274	CHAIRMAN 1	0	0	0
GARY FISH 1465 SIESTA DRIVE SANDY UT 84093	CHAIRMAN 1	0	0	0
JARED RICH 578 HOLLERMAN LANE GALLATIN TN 37066	CHAIRMAN 1	0	0	0
DENNIS TAYLOR 6516 GREENWOOD R KNOXVILLE TN 37918	CHAIRMAN 1	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **7****b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)**75b** X

SEE STATEMENT 8

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?**75c** X**Note.** Related organizations include section 509(a)(3) supporting organizations

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?**75d** X**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity**76** X**77** Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes**77** X**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?**78a** X**b** If "Yes," has it filed a tax return on Form 990-T for this year?**78b****79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement**79** X**80a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?**80a** X**b** If "Yes," enter the name of the organization **CANCER FUND OF AMERICA SUPPORT SRVCS** and check whether it is ☒ exempt or ☐ nonexempt**81a** Enter direct and indirect political expenditures (See line 81 instructions)**81a****b** Did the organization file Form 1120-POL for this year?**81b** X

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85a	N/A		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c			
d	Section 162(e) lobbying and political expenditures		
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86a			
b	Gross receipts, included on line 12, for public use of club facilities		
86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed SEE ATTACHED STATEMENT		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	18
91a	The books are in care of KYLE EFFLER	Telephone no	865-938-5281
	Located at KNOXVILLE, TN	ZIP + 4	37921-1099
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
91b			X
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
91c			
c	If "Yes," enter the name of the foreign country		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	23,173	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	40,451	
100 Gain or (loss) from sales of assets other than inventory			18	-682	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MAILING LIST RENTAL			13	149,609	
c MISCELLANEOUS INCOME			1	15,999	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		228,550	0
105 Total (add line 104, columns (B), (D), and (E))					228,550

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>JAMES T. REYNOLDS, SR. PRESIDENT</i>		Date 16 May 2006	
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date 5/15/06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr W) P00080574
	Firm's name (or yours if self-employed), address, and ZIP + 4 PINKSTAFF, DANIELS & SIMPSON, P.C. 8858 CEDAR SPRINGS LANE, SUITE 5000 KNOXVILLE, TN 37923			EIN 62-1719416
	Phone no 865-690-7010			

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number

58-1766061

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
JAMES REYNOLDS, JR 2901 BREEZEWOOD LANE KNOXVILLE TN 37921	FUNDRAISING DIR 40	94,747	16,817	0
JOSHUA LOVELESS 4071 E. SIDEWINDER CT GILBERT AZ 85297	FUNDRAISING CRDNTR 40	76,045	15,798	0
BRIAN MORSE 5932 E. INGRAM ST MESA AZ 85205	WAREHOUSE MGR 40	70,950	11,986	0
CLAUDETTE PERKINS 1849 S. POWER RD #1247 MESA AZ 85206	VOLUNTEER CRDNTR 40	59,438	13,757	0
BRENDA CLARK 709 BIRCHBROOK DRIVE KNOXVILLE TN 37918	PATIENT SERVICES DIR 40	55,092	11,515	0
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ASSOCIATED COMMUNITY SERVICES 29777 TELEGRAPH ROAD SOUTHFIELD MI 48034	TELEMARKETING	3,777,575
CIVIC DEVELOPMENT GROUP 425 RARITAN CTR PKWY EDISON NJ 08837	TELEMARKETING	1,046,925
ORGANIZATIONAL DEVELOPMENT 5311 LAKE WORTH RD LAKE WORTH FL 33463	TELEMARKETING	497,389
INSIGHT TELESERVICES 17117 W. NINE MILE RD SOUTHFIELD MI 48075	TELEMARKETING	409,941
DAYCOM TELEMARKETING 2001 E. BROADWAY BOLIVAR MO 65613	TELEMARKETING	379,987
Total number of others receiving over \$50,000 for professional services ▶		5

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b	X	
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e Transfer of any part of its income or assets?	2e		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b Do you have a section 403(b) annuity plan for your employees?	3b		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►**
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization **►** ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	21,036,617	19,548,335	19,245,504	17,684,470	77,514,926
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,874	329		4,038	12,241
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 10	200,591	185,062	166,812	138,640	691,105
23 Total of lines 15 through 22	21,245,082	19,733,726	19,412,316	17,827,148	78,218,272
24 Line 23 minus line 17	21,245,082	19,733,726	19,412,316	17,827,148	78,218,272
25 Enter 1% of line 23	212,451	197,337	194,123	178,271	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	%

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0 (2003) 0 (2002) 0 (2001) 0		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger the amount on line 25 for the year or of (1) (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0 (2003) 0 (2002) 0 (2001) 0			
c Add: Amounts from column (e) for lines 15 <u>77,514,926</u> 16 _____ 17 _____ 20 _____ 21 _____		27c	77,514,926
d Add: Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	77,514,926
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		27f	78,218,272
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	99.1008%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	0.0156%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines through c h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines through c h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

FORM 990, PART IV, LINE 50 - ADDITIONAL INFORMATION

Name of borrower	Title
(1) JAMES T. REYNOLDS	PRESIDENT
(2) ROSE PERKINS	VICE PRESIDENT
(3) JAMES T. REYNOLDS	PRESIDENT
(4) ROSE PERKINS	VICE PRESIDENT
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 276,000	1/01/03		ON DEMAND	1.710
(2) 148,000	1/01/03		ON DEMAND	1.710
(3) 276,000	9/01/05		ON DEMAND	4.000
(4) 166,000	9/01/05		ON DEMAND	4.000
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(2) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(3) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(4) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) NONE	280,719		
(2) NONE	150,531		
(3) NONE		288,392	
(4) NONE		173,144	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	431,250	461,536	

For calendar year 2005, or tax year beginning , and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) EMPLOYEE RECEIVABLES	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	1,637	21,107	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	1,637	21,107	

For calendar year 2005, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) BANK ONE	
(2) FIRST TENNESSEE BANK	
(3) JEFFERSON PILOT LIFE INSURANCE	NONE
(4) BANK ONE	NONE
(5) FIRST TENNESSEE BANK	NONE
(6) FIRST TENNESSEE BANK	NONE
(7) CHRYSLER FINANCIAL	NONE
(8) FIRST TENNESSEE	NONE
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 400,000	8/19/02	8/19/17	\$5000.00 PER MONTH	6.820
(2) 401,500	5/08/02	5/08/07	\$7875.00 PER MONTH	6.500
(3) 75,000	4/01/02	1/01/06	\$1700.00 PER MONTH	2.000
(4) 40,000	12/16/02	8/01/06	MINIMUM PAYMENTS	8.250
(5) 150,000	1/05/04	1/05/09	\$1700.00 PER MONTH	6.250
(6) 15,150	9/07/04	9/07/06	\$671.63 PER MONTH	5.950
(7) 29,715	7/31/04	9/15/09	\$692.87 PER MONTH	13.840
(8) 14,130	12/05/05	12/15/07	\$632.79 PER MONTH	6.750
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	MORTGAGE
(2)	MORTGAGE
(3) CSV OF LIFE INSURANCE ON PRESIDENT	WORKING CAPITAL
(4) NONE	OPERATING CAPITAL
(5) LIFE INSURANCE ON OFFICER	OPERATING CAPITAL
(6) KIA AMANTI	AUTOMOBILE LOAN
(7) TOWN & COUNTRY VAN	AUTOMOBILE LOAN
(8) 2005 KIA AMANTI	AUTOMOBILE LOAN
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	318,656	279,462
(2)	204,006	84,287
(3) NONE	19,336	
(4) NONE	39,856	29,864
(5) NONE	120,803	120,424
(6) NONE	12,720	5,238
(7) NONE	28,141	
(8) NONE		13,569
(9)		
(10)		
Totals	743,518	532,844

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
GAIN ON INV IN LIFE INSURANCE	\$ <u>40,451</u>
TOTAL	\$ <u><u>40,451</u></u>

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
2002 KIA SEDONA	PURCHASE	VAN	NON-RELATED INDIVIDU	12/03/01	3/04/05	\$ 9,000	\$ 23,950	\$ 15,568	\$ 618
2005 CHRYSLER TOWN & COUNTRY	PURCHASE		CHILDREN'S CANCER FU	7/31/04	5/09/05	27,281	33,625	5,044	-1,300
TOTAL						\$ 36,281	\$ 57,575	\$ 20,612	\$ -682

Federal Statements

Statement 3 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
TO FIN. INDIGENT CANCER PATIENTS	\$ 83,837
SEE ATTACHED STMT (ASST. TO ORGS.)	4,616,172
TOTAL	<u>\$ 4,700,009</u>

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
MAILING SERVICES	162,720	65,088	24,408	73,224
DATA PROCESSING	202,268	84,090	30,861	87,317
LIST RENTALS	375,293	150,117	56,294	168,882
DIRECT MAIL CONSULTANT	185,902	74,361	27,885	83,656
OTHER PROFESSIONAL SERVICES	251,265	27,673	221,154	2,438
ADVERTISING	59,304	761	242	58,301
INSURANCE	52,671	28,969	9,217	14,485
REPAIRS & MAINTENANCE	35,434	19,489	6,201	9,744
DUES & SUBSCRIPTIONS	4,669	2,948	669	1,052
MISCELLANEOUS	51,907	3,752	45,512	2,643
STATE REGISTRATION FEES	5,075		5,075	
SERVICE CHARGES	49,818		49,818	
TOTAL	<u>\$ 1,436,326</u>	<u>\$ 457,248</u>	<u>\$ 477,336</u>	<u>\$ 501,742</u>

Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

TO PROVIDE DIRECT FINANCIAL AID AND OTHER SUPPORT AND SERVICES TO FINANCIALLY INDIGENT CANCER PATIENTS; TO DESSEMINATE INFORMATION CONCERNING THE EARLY DETECTION AND PREVENTION OF CANCER; TO PROVIDE GRANTS AND GIFTS IN KIND TO HOSPICES, OTHER HEALTH CARE PROVIDERS, AND TO VARIOUS NON-PROFIT COMMUNITY SERVICE ORGANIZATIONS WHICH AID THE ILL, NEEDY AND INFANTS.

Federal Statements

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
LAND	\$ 130,303	\$	\$ 130,303	\$
BUILDING & IMPROVEMENTS	988,568		988,568	
OFFICE FURNITURE & EQUIPMENT	193,491		193,294	
AUTOMOBILES	265,775		239,671	
ACCUMULATED DEPRECIATION		475,756		552,702
TOTAL	<u>\$ 1,578,137</u>	<u>\$ 475,756</u>	<u>\$ 1,551,836</u>	<u>\$ 552,702</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CSV OF LIFE INSURANCE	\$ 192,549	\$ 694,538
TOTAL	<u>\$ 192,549</u>	<u>\$ 694,538</u>

Federal Statements

Statement 8 - From 990, Part V-A, Line 75b - Related Party Information

Name	Business Name	Title	Name
JAMES REYNOLDS SR.		PRESIDENT	JAMES REYNOLDS JR.
JAMES REYNOLDS SR.		FR DIRECTOR SON	
ROSE PERKINS		PRESIDENT	JOSHUA LOVELESS
ROSE PERKINS		FUNDRAISING SON IN LAW	
		VP	BRIAN MORSE
		WH SUPERVISO SON IN LAW	
		VP	CLAUDETTE PERKINS
		VOL. CRDNTR	SISTER

Statement 9 - Schedule A, Part III, Line 2b - Lending of Money or Extension of Credit**Description**

AMOUNTS LOANED TO OFFICERS RELATE TO THE ABOLISHMENT OF SPLIT DOLLAR LIFE INSURANCE POLICIES. THE EXCESS OF THE HISTORICAL PREMIUMS PAID ON THE POLICIES OVER THE AMOUNT DERIVED UNDER THE IRS FORMULA WERE RECLASSIFIED TO LOANS TO OFFICERS.

Federal Statements

Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2004	2003	2002	2001
MAILING LIST RENTAL	\$ 189,237	\$ 182,323	\$ 157,436	\$ 129,946
MISCELLANEOUS INCOME	11,354	2,739	9,376	8,694
TOTAL	<u>\$ 200,591</u>	<u>\$ 185,062</u>	<u>\$ 166,812</u>	<u>\$ 138,640</u>

Cancer Fund of America, Inc.
Form 990, Page 2, Part II
Line 23
12/31/2005

<u>Name</u>	<u>Non-Cash Contribution</u>
Mid State VNA & Hospice	8,778
Windber Hospice	7,052
VNA Health System	8,892
Davidson County Cancer Svcs	6,642
Blue-Gray Community Hospice	6,665
Hospice of the Comforter	6,744
Florida Hospice	7,211
Quantum House	5,061
Hospice of NW Alabama	5,659
Wiregrass Hospice - Eufaula	5,138
SEASHA	10,136
S C AL D C AAA Montgomery	10,150
Alexandria Senior Center	28,541
Ray of Hope	62,999
Multi County Cancer Support	24,470
Family Home HC S E Maynardville	13,150
Friends of Hospice	5,036
Adventa Hospice	6,619
Family Home Health	14,322
Faith Home Mission Church Out	11,058
St Mary's Home Health	8,342
Fountain City Ministry Center	27,726
Lost Sheep Ministry	33,740
Baptist Hospice	5,597
Angelic Ministry	640,135
Second Harvest Food Bank	35,939
Jesus Centered Ministries	7,825
Baptist Center	60,465
Beaver Dam Baptist Church	40,422
Lazarus House Hospice	11,251
God's Jail Ministry	16,479
Hospice of Cumberland Co	8,703
NMMC Hospice	5,657
Sta-Home Hospice	5,362
Quality Hospice - Gulf Coast	6,448
Christian Applachian	210,525
Merizdo Center Minstries	626,503
CVDHD Hospice	9,433
Family Home Health/Delivery	10,877
Bell Co Adult Day Care	8,332
Pineville Home Health	9,488
The Lighthouse Mission	175,311
Kentucky Homeplace	333,127
River Area Dev Dist	13,065
LCCS Services	254,401
Heartland Hospice	5,485
Hope Hospice & Palliative CA	10,578
Kiowa CHD-Eldercare	5,569
Senior World Hospice	8,778
Paris Reginal Hospice	5,841
Hospice of Deep East Texas	5,802
JPS Center for Cancer	5,281
Other Non-Cash Grants < \$5000 Per Organization	238,928
Non-Cash Grants to Individuals < \$5000 Each	1,510,435
Total Assistance to Organizations	<u>4,616,172</u>

Attachment to Form 990
Part VI, Line 90a

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Florida
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)****Form 990-T corporations** requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	CANCER FUND OF AMERICA, INC.	58-1766061
	Number, street, and room or suite no. If a P O box, see instructions	
	2901 BREEZEWOOD LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	KNOXVILLE TN 37921-1099	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ KYLE EFFLER

Telephone No ▶ 865-938-5281

FAX No ▶ 865-938-2968

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15/06, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 2005 or
- ▶ ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

\$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

\$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

\$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 12-2004)